

Registration District No. 791

Primary Registration District No.

Registrar's No. 6327

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 hrs 20 min
(Specify whether
In this community 6 years
years, months or days)

3. (a) PRINT FULL NAME John Barnes

3. (b) If veteran, name war _____ 3. (c) Social Security No. 497-09-4677

4. Sex male 5. Color or race col 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 29 1897
(Month) (Day) (Year)

8. AGE: Years 43 Months 10 Days 29 If less than one day
hr. _____ min.

9. Birthplace Delhi La
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

12. Name John Barnes

13. Birthplace unknown Ala
(City, town, or county) (State or foreign country)

14. Maiden name Ann Steadman

15. Birthplace unknown Ala
(City, town, or county) (State or foreign country)

16. (a) Informant Gertrude Howard

(b) Address 1729 Biddle Street

17. (a) Burial (b) Date thereof 8-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dumas Ark

18. (a) Signature of funeral director J. H. Randle & Son

(b) Address 2123 Bell Avenue

19. (a) AUG - 1 1941 (b) J. W. Budek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1729 Biddle
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1941 hour 1:35 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 27, 1941, to July 28, 1941;
that I last saw him alive on July 28, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Hyper. Heart Disease & Decompensation
Prob 5 years

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature J. W. Budek (M. D. or other) _____

Address 2609 N Whittier Date signed 7-29-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

S. J. Watson

Licensed Embalmer No. *2698*

P. O. Address *2769 Chouteau*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.